

Application for Employment

Personal Information :

Last name	First name	Middle Initial	Date
Address			Social Security #
City	State	Zip	Driver's License #
Home Phone	Work Phone		

Position Applied For : (please check one)

Clerical (Specify)	
Professional (Specify)	
General Labor (Specify)	
Skilled Labor (Specify)	
Other (Specify)	

Available :

Year-round _____ Summer Only - please specify dates _____

If you require any reasonable accommodation to complete this form or any part of the application/selection process, please contact the Personnel Office at 781 447-7601 - Facsimile 781-447-7307 Thank you.

Office Use Only

Contacted _____

Interviews _____

Comments _____

Education :**Elementary****High****College/University****Post-Grad**

School Name City, State				
Years Completed				
Diploma/Degree				
Describe Course of Study				
Specialized Training, Skills, Extra-Curricular Activities				

Character References :

Please list three (3) persons not related to you, who have known you for at least six (6) months, and have knowledge of your character, experience and ability.

Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone
Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone
Name	Occupation
Home Address	Business Address
City, State	City, State
Home Phone	Business Phone

Employment Experience :

Please start with your present or most recent job first.

Employer	Duties Performed
Address	
City, State	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From_____ To_____	May we contact this employer for references?
Hourly Rate/Salary: Starting_____ Final_____	

Employer	Duties Performed
Address	
City, State	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From_____ To_____	May we contact this employer for references?
Hourly Rate/Salary: Starting_____ Final_____	

Employer	Duties Performed
Address	
City, State	
Job Title	
Supervisor	
Reason for Leaving	
Dates Employed: From_____ To_____	May we contact this employer for references?
Hourly Rate/Salary: Starting_____ Final_____	

Please answer the following questions:

Are you 18 years old or over?	yes	no
Are you 21 years old or over? (Police Officer applicants only)	yes	no
Are you employed now?	yes	no
Are you on layoff, subject to recall?	yes	no
Have you been convicted of a felony? If yes, state facts and penalty _____	yes	no
Have you been convicted of a misdemeanor? If yes, state facts and penalty _____	yes	no
Have you ever been discharged from any position? If yes, state circumstances _____	yes	no
Do you have any friends or family who work for the Town of Whitman? If yes, Please name them and state relationship _____ _____	yes	no
Do you have a valid Massachusetts Driver's License?	yes	no
Do you have a valid Massachusetts CDL (Commercial Driver's License)	yes	no
Veteran of the U.S. Military Service? If yes, what branch _____ Type of discharge? _____	yes	no

Notice: Some positions in the Town are filled utilizing various selection tests. If the position for which you applied is filled utilizing a selection test, you will receive notice of the time, date and place. If you require special accommodation, please contact the Personnel Office at 781-447-7601 at least seven (7) days prior to the test.

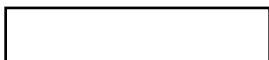
Agreement :

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Whitman.

Signature of Applicant

Date

*** The Town of Whitman is an Equal Opportunity Employer ***



Town of Whitman

APPLICANT AFFIRMATIVE ACTION DATA FORM

The Town of Whitman is required by State and Federal Equal employment regulations to keep records and make reports to the Equal Employment Opportunity Commission. By answering the questions below, you will assist us in our reporting requirements. The information will be collected and used for statistical purposes only.

THIS FORM WILL BE FILED SEPARATELY FROM YOUR APPLICATION AND WILL NOT BE USED TO DISCRIMINATE IN ANY WAY IN THE EMPLOYMENT PROCESS.

Job Applied For _____ Date _____

Name _____

Sex: Male _____ Female _____

ETHNIC ORIGIN: Please check one. Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:

_____ White - not of Hispanic origin. All persons having origins in any of the original peoples of Europe, North Africa or the Middle East, excluding Spain.

_____ Black - not of Hispanic origin. All persons having origins in any of the Black racial groups of Africa.

_____ Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish origin, regardless of race.

_____ Asian or Pacific Islanders - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific islands, this area includes China, Japan, Korea, Philippine Islands and Samoa.

_____ American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.

How did you learn about the job for which you are applying?

_____ from a Town employee

_____ newspaper ad (name of newspaper) _____

_____ the Government Channel on Cable T.V.

_____ Town of Whitman Web Site

_____ other (explain) _____